

No. \_\_\_\_\_



Form No. 4M  
(A/02-09)

*Town of Spencer*  
90 N West Street  
Spencer, Indiana 47460  
Phone (812) 829-3213

### DEPARTMENT

**COMPLAINT**

**SUGGESTION**

**REQUEST**

I. COMPLAINANT INFORMATION		
Name:		Phone No.:
		(      )      -
Address:		
City:	State:	Zip:
II. COMPLAINT, SUGGESTION, OR REQUEST INFORMATION		
Department(s) Involved:		
<input type="checkbox"/> Police <input type="checkbox"/> Sewer <input type="checkbox"/> Street <input type="checkbox"/> Fire Territory <input type="checkbox"/> Building <input type="checkbox"/> Other: _____		
Nature of Complaint, Suggestion or Request:		
Proposal to Correct:		
Estimated expense to implement above proposal:		
\$		

By signing below I, the undersigned, acknowledge to having first hand knowledge of the facts stated in the above, herein as true. I also understand that provided false statements against any Town employee may result in civil liabilities. In addition I understand that in the State of Indiana it is unlawful to knowingly make a false statement against a Law Enforcement Officer. I have read and understand this warning and have attached my signature below in agreement.

Signature:	Date:

### Office Use Only

Department to Respond:	
<input type="checkbox"/> Spencer Town Board <input type="checkbox"/> Police <input type="checkbox"/> Sewer <input type="checkbox"/> Street <input type="checkbox"/> Fire <input type="checkbox"/> Building	
<input type="checkbox"/> Other: _____	
Disposition:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Founded <input type="checkbox"/> Noted for record	
<input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared <input type="checkbox"/> Pending <input type="checkbox"/> Other: _____	

Action taken to correct or implement, if any: